

In the United States Patent and Trademark Office

Serial Number: _____

Appn. Filed: _____

Applicant(s): BILLY RAY DELP

Appn. Title: EXERCISE DEVICE PORTABLE ABDOMEN REDUCER"

Examiner/GAU: _____

Mailed: SEPT, 27-2003

At: OKLAHOMA CITY, OK

Mail Stop - Patent Applications
Commissioner for Patents
P. O. Box 1450
Alexandria, Va. 22313-1450

Petition to Make Special

Sir:

Applicant hereby respectfully petitions that the above application be made special under MPEP Sec. 708.02 for the following reason; attached is a declaration in support thereof:

- | | |
|---|---|
| I. <input type="checkbox"/> Manufacturer Available;* | VII. <input type="checkbox"/> Recombinant DNA Is Involved;* |
| II. <input type="checkbox"/> Infringement Exists;* | VIII. <input type="checkbox"/> Special Procedure: Search Was Made;* |
| III. <input type="checkbox"/> Applicant's Health Is Poor; | IX. <input type="checkbox"/> Superconductivity Is Advanced; |
| IV. <input checked="" type="checkbox"/> Applicant's Age Is 65 or Greater; | X. <input type="checkbox"/> Relates to HIV/AIDS or Cancer;* |
| V. <input type="checkbox"/> Environmental Quality Will Be Enhanced; | XI. <input type="checkbox"/> Counters Terrorism.* |
| VI. <input type="checkbox"/> Energy Savings Will Result; | |
- * ☐ Also attached, since reason I, II, VII, VIII, X or XI has been checked, is the \$ — 0 — Petition Fee pursuant to Rules 102 and 17(i).

Very respectfully,

Applicant(s): BILLY RAY DELP

Attachment(s): Fee if indicated and supporting Declaration

Applicant(s): BIRTH CERTIFICATE WITH AMENDMENT

DECLARATION IN SUPPORT OF ACCOMPANYING PETITION TO MAKE SPECIAL

c/o: _____

Telephone: 405-946-3071

Certificate of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner for Patents, Mail Stop - Patent Applications, P. O. Box 1450, Alexandria, Va. 22313-1450 on the date below.

Date: 200 3, SEPT 27 Billy Ray Delp, Applicant

In the United States Patent and Trademark Office

Application Number:

Mailed: 2003 Sept 27

Filing Date: 2003 Sept 27

At: Oklahoma City, Ok.

Applicant: Billy Ray Delp

Examiner:

Re: Application for "Exercise Device Portable Abdomen Reducer"

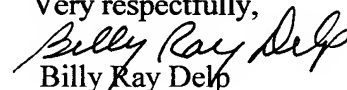
Declaration in Support of Accompanying Petition to Make Special

Reason III & IV---Applicant is in poor health and 71 years of age

In support of the Petition to Make Special, applicant declares as follows:

1. I am the applicant in the above-identified patent application
2. The applicant is in poor health, of advanced age and would like to go into production as soon as possible in order to leave a legacy to the family
3. The above reason IV is supported by a Birth Certificate dated 10-31-1931 and an Amendment to Birth Certificate dated 4-18-1952.
4. Concerning reason III. I certify that in a 7 month period, from September 1986 to April 1987 I was in the hospital 19 days with lung cancer and complications thereof. During a one month period in 1998 I was in the hospital three times with arrhythmia of the heart. On 8-5-03 I had surgery on my elbow. Now I have cancer again and am due to have more surgery next week.
5. I further declare that all statements made herein of my own knowledge are true and that all statements made upon information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application and any patent issuing therefrom.

Very respectfully,


Billy Ray Delp

2800 N. Meridian Ave.
Oklahoma City, Ok. 73107-1041
405-946-3071

EDUCATION, IMMUNIZATION,
SANITATION IS HEALTH
CONSERVATION



State Department of Health

State of Oklahoma

3400 NORTH EASTERN

OKLAHOMA CITY 5, OKLAHOMA

Commissioner
G. F. MATHEWS M.D.

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

AMENDMENT TO BIRTH CERTIFICATE

Certificate of Birth of Billy Ray Depp
Date of Birth April 18, 1942 Place of Birth Okmulgee, Oklahoma

State File No. Vol. 1752-225

Documents Presented:
1. Driver's License Paul V. Reed
2. Social Security 44-25-6221
3. Birth Certificate

Registrant in Document:
1. Billy Ray Depp
2. Paul V. Reed
3. 44-25-6221

Additional Information:
Amendment Requested: Billy Ray Depp Referred to: Registrant

State Registrar: M. J. Shultz
Date: 4-18-52

I do hereby certify the foregoing to be a true and correct copy, original of which is on file in this office.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this 18 day of APRIL 1952

EDUCATION, IMMUNIZATION,
SANITATION IS HEALTH
CONSERVATION



State Department of Health

State of Oklahoma

3400 NORTH EASTERN

OKLAHOMA CITY 5, OKLAHOMA

County <u>Caddo</u>		Registration Dist. No. <u>20250</u>		Oklahoma State Board of Health BUREAU OF VITAL STATISTICS OKLAHOMA CITY, OKLA.	
Township <u>4 N</u>		Primary Dist. No.		2220 Registered No. <u>886</u>	
Village <u>Wagon Wheel</u>		City <u>Wagon Wheel</u>		Street <u>Wagon Wheel</u>	
(If in a hospital or other institution, the name of the same to be given instead of the street and house number.)					
2. FULL NAME OF CHILD <u>Billy Ray Barker</u>					
(If the child dies without a name before the certificate is filed enter the words: "Died unnamed." If the living child has not been named at the date of filing certificate of birth the space for "Full name of child" is to be left blank, to be filled out separately by a supplemental report.)					
1. Sex of child <u>M</u>	4. Twins, Triplets or others <u>None</u>	5. Number in order of birth <u>1</u>	6. Legitimate? <u>Yes</u>	7. Date of Birth <u>10-6-31</u>	
FATHER			MOTHER		
8. Full name <u>Phyllis Barker</u>			14. Full maiden name <u>Phyllis Barker</u>		
9. Residence <u>Wagon Wheel</u>			15. Residence <u>Wagon Wheel</u>		
10. Color or race <u>White</u>			16. Color or race <u>White</u>		
17. Age at last birthday <u>21</u> years			17. Age at last birthday <u>7</u> years		
18. Birthplace, at least state or foreign country, if known <u>Wagon Wheel</u>			18. Birthplace, at least state or foreign country, if known <u>Wagon Wheel</u>		
19. Occupation <u>Wagon Wheel</u>			19. Occupation <u>Wagon Wheel</u>		
(a) Trade, profession or particular kind of work			(a) Trade, profession or particular kind of work		
(b) General nature of industry, business or other establishment in which employed (or employer)			(b) General nature of industry, business or other establishment in which employed (or employer)		
20. Number of children born to this mother, including present birth <u>2</u>			21. Number of children of this mother now living <u>2</u>		
22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(1) I hereby certify that I attended the birth of this child, who was <u>alive</u> at birth.					
(2) When there was no attending physician or midwife, then the father, householders, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.					
Give name added from supplemental report.					
19. <u>Phyllis Barker</u>			Address <u>Wagon Wheel</u>		
Registrar			Filed <u>10-11-31</u> Registrar		
23. Did you use a one or two per cent silver nitrate solution in this infant's eye immediately after its birth?					
Yes <u>No</u>					

I do hereby certify the foregoing to be a true and correct copy, original of which is on file in this office.

Wagon Wheel, Oklahoma, this 10 day of APRIL 1952

Wagon Wheel